

**UNITED STATES DISTRICT COURT**  
for the  
**DISTRICT OF MASSACHUSETTS**

FILED  
IN CLERKS OFFICE  
2019 JUL 12 PM 4: 21  
U.S. DISTRICT COURT  
DISTRICT OF MASS.

**PAUL JONES**

*Plaintiff*

v.

Civil Action No.:  
**1:19-CV-11093-ADB**

**MONTACHUSETTS REGIONAL TRANSIT  
AUTHORITY, ET AL.**

*Defendant*

**SUMMONS IN A CIVIL ACTION**

To: (Defendant's name and address)

MONTACHUSETT Regional Transit Authority  
1427 R WATER ST  
FITCHBURG, MA 01420

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Paul Jones  
572 Park St  
Stoughton, MA 02072

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**ROBERT M. FARRELL**

*CLERK OF COURT*

/s/ — Miguel Lara

*Signature of Clerk or Deputy Clerk*



ISSUED ON 2019-05-13 15:04:42.0, Clerk USDC DMA

Civil Action No.: 1:19-CV-11093-ADB

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Montachusett Regional Transit Authority  
was received by me on (date) MAY 16, 2019.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Bonnie Mahoney, who is Communications Director  
designated by law to accept service of process on behalf of (name of organization) Montachusett  
Regional Transit Authority on (date) 07/05/19; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other (specify):

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

\_\_\_\_\_  
Date

Laura O'Malley  
Server's Signature

Liana Williams  
Printed name and title

12 Westminister Ave, Rox, MA 02119  
Server's Address

Additional information regarding attempted service, etc:

TROPICAL STORM THREATENS GULF COAST. SEE IMPACTS TO USPS OPERATIONS IN YOUR ...

**USPS Tracking®**FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)**Track Another Package +****Tracking Number:** 70151520000018144007

Remove X

**Expected Delivery by****MONDAY****8** JULY  
2019 ⓘ **by**  
**8:00pm** ⓘ**✓ Delivered**July 8, 2019 at 2:13 pm  
Delivered, Front Desk/Reception/Mail Room  
FITCHBURG, MA 01420**Get Updates** ▼**Text & Email Updates****Tracking History****Product Information****See Less** ^

Feedback

**Can't find what you're looking for?**

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *cd Bonnie Mahoney*  
 Montachusett Regional  
 Transit Authority  
 1427 R Water Street  
 Fitchburg, MA 01420



9590 9402 2891 7069 1243 08

2. Article Number (Transfer from service label)

*7015 1520 0000 1814 4007*

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

*7-8*

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## USPS TRACKING#



9590 9402 2891 7069 1243 08



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States  
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

*Liana Williams*  
*79 Thompson St*  
*Springfield, MA 01109*

7015 1520 0000 1814 4007

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

FITCHBURG, MA 01420

OFFICIAL USE

Certified Mail Fee \$3.50

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04

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.80  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$2.65

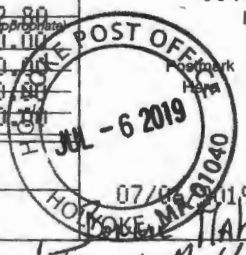
Total Postage and Fees \$8.95

Sent To

Massachusetts Regional Transit Authority  
Street and Apt. No., or PO Box No.

City, State, ZIP+4®

1437 R Water Street  
Fitchburg, MA 01420



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions